

EXHIBIT A

South Dakota Department of Health
Order Form

MK5148985



PATIENT DEMOGRAPHICS

Name: _____
DOB: _____
Age: 43 year old
Patient Location: South Dakota State
Penitentiary - Hill
ID Numbers: 58455
Allergies: GRASS, POLLEN

ORDER DETAILS

Date Ordered:	2020-12-02
Order:	Outside Provider - radioactive iodine uptake (RAIU) test
Instructions:	Schedule appt radioactive iodine uptake (RAIU) test
Comments:	
Diagnosis:	new diagnosis hyperthyroidism

Ordered by: Scott, Stacey

VORB: _____ ☐ NA

Electronically Signed by: Scott, Stacey

Provider Name: Scott, Stacey

Provider Credentials: Stacey Scott, PA-C

Date of E-Signature: 12-07-2020

Time of E-Signature: 12:55:41 PM